S
614.05
Ha4
1966
Sep

Montana State Library
3 0864 1006 5672 0

SEP - 9'66

TREASURE STATE HEALTH

Vol. 16, No. 3. OFFICIAL BULLETIN — STATE BOARD OF HEALTH, HELENA, MONTANA SEPTEMBER, 1966.

Prevention of Hearing Loss Possible

A study made by Mrs. Geraldine Day, Gallatin County public health nurse indicates hearing problems in some children could be avoided by alertness in parents. From October 1965 through March 1966 a hearing screening test was administered to the first graders in the Gallatin County schools. Screening tests were given to 403 with 8% referred for medical care or were already under care.

Mrs. Day said, "A need which appears is the understanding of parents in the seriousness of chronic ear aches and infections. Many of them were shocked when they learned that a draining ear may indicate a ruptured ear drum. Many of the mothers treat ear aches, even severe ones, without seeking medical aid.

She found that frequently these children with hearing loss have a history of ear aches and draining ears that leads back to early childhood and the parents did not realize the implications.

Mrs. Day recommends that alerting parents to the importance of protection against the development of hearing problems could well be a routine procedure in every physician's office for children during their pre-school periods and a must in public health programs on child guidance. She feels that with health education thus incorporated the hearing handicaps found in 5% to 6% of the children in the study could have been prevented.

Mrs. Tretsven, coordinator of the Board's Cleft Palate, Speech and Hearing Program says, "I certainly concur with Mrs. Day's comments about the need for education and this is one of the goals in the Board's Hearing Conservation Program. We are pleased that the first graders in Gallatin County have been tested and are urging testing programs in all schools in Montana."

The Image of Public Health

No. 14

By James D. Morrison, M.D.*
Billings

The new knowledge brought about by research requires that public health services be extended so that the people of our communities may better be served. A central agency to study the needs of the public as a whole seems necessary to provide information and leadership to determine how new learning may best be applied to meet our community requirements.

We physicians in private practice do not have the time, the staff nor the resources which allow us to survey the needs of a community as a whole. There are a number of physicians who do not desire to engage in the private practice of their profession. Some of them will do research, some industrial medicine and still others work in public health. These public health physicians protect the community through the improvement of sanitation, guarding against epidemics, promoting health education, etc., by working for and heading up the various departments in our cities, counties, states, and the nation.

The physician in private practice looks to our public health staffs to keep him informed about developing epidemics; they perform rare laboratory tests and they serve in an enforcement agency in some matters and publicize the advantages to individuals and communities by vaccination against disease, the need for safe water supplies and the dangers of air pollution.

I am an Ophthalmologist or eye physician, and the prevention of blindness is very important to me. Montana, being the fourth largest state and sparsely populated does not encourage state-wide volunteer agencies in my particular field. Education in the use of safety glasses, pre-school vision testing and glau-

coma testing is difficult to promote in the many small communities of the State. Nevertheless, our percentage of blindness due to eye injuries, lazy eye blindness (amblyopia ex-anopsia) and glaucoma, is just as high as in the more populated states. When shown the way, the public health staffs have encouraged the wearing of safety glasses in our schools and industries and have organized and trained volunteers to carry out vision screening programs for preschool children. Glaucoma testing programs are more difficult because of the need for the services of an ophthalmologist in this testing program. As Montana's profes-

(Continued on page 4)

*Dr. Morrison has been a practicing ophthalmologist in Billings since 1939, except when he served in the Pacific Theater as Captain and Major in the U. S. Army Medical Corps from 1942-1946. He has lived in Billings since he was a small child, receiving his B.S. degree from Carleton College and his M.D. from Washington University in 1936. He obtained his fellowship in ophthalmology at the Colorado General Hospital in Denver.

Dr. Morrison has membership in many professional and civic organizations and was for many years chairman of the Joint Committee between the State Board of Health and the State Department of Public Instruction. He has a special interest in teen-agers and their health problems and his endeavors in protecting and promoting their health has a wide range.

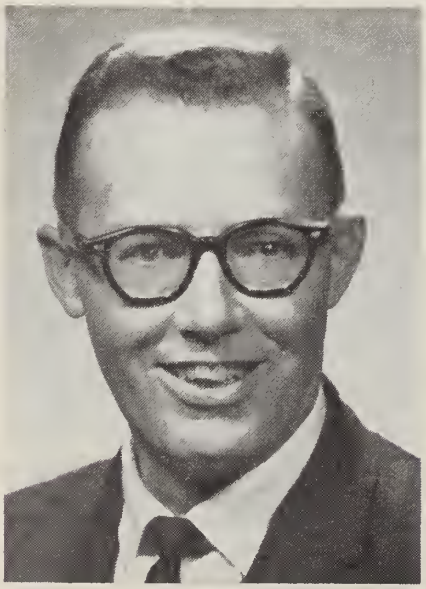
Educational Values In Education For Parenthood

"Interpreting Education for Parenthood in its broadest sense, I see benefits to at least three groups—the students in the program, the community in which the students live, and the teachers themselves who handle the program." This statement was made by Deryck Calderwood as he summarized an Education for Parenthood Workshop for teachers and public health nurses at the University of Montana this summer. Mr. Calderwood is an instructor in Family Life at Oregon State University and was one of the resource persons for the workshop sponsored by the Board of Health and the University of Montana. He further stated that the program of Education for Parenthood provides the student with several things: (1) provides information; (2) provides an opportunity for serious discussion with peers; (3) challenges and confronts the student with the responsibility of making his own decision; (4) provides the student with the basis for making decisions and (5) provides a communication link between youth and adults.

Calderwood commented on the benefits of the program to the participants by saying "it builds self-esteem, promotes a positive self-image, improves mental health, and strengthens those aspects of personality development necessary to successful marriage and parenthood."

Community and Teacher Benefits

Among the benefits is that the program not only helps prepare for better families in the future, but it has a part in strengthening the current family unit. The program has great strength in providing a bridge between youth and adult cultures in the community as well as making long range contributions in terms of the improvement of the general mental health as this younger generation becomes the community citizenry of tomorrow.



Deryck Calderwood

Calderwood stressed the benefits of the program to the teachers as being those of tremendous personal satisfaction. He feels that a teacher in the program becomes more sensitive in his relationships with all people—both in and out of the classroom. He stressed the point that the teacher's own marriage and personal adjustments become much richer for having had this experience.

The workshop for teachers, administrators and public health nurses was conducted to assist in expanding the Education for Parenthood program in Montana schools. A similar workshop for men who are participating in this program was held in 1964, and this group had subsequently recommended that the Board of Health sponsor workshops to train more teachers in Education for Parenthood. Workshops for public health nurses have been held almost every year since the program was initiated in 1954.

The Education for Parenthood Program has been included in Home Economics III in many Montana high schools, and in 1961 pilot programs for boys were instituted. Since that time both boys and girls have had the opportunity to participate in these discussions in 18 Montana communities and have constantly suggested more discussions on this subject be made available to more students and at various levels in the high schools.

Consequently, some Montana schools have developed different approaches to the program. Some have developed semester long courses in "Family Living" with "Education for Parenthood" as a part of the semester's work. In some schools, the discussions now take place in biology, social studies, psychology, and other courses where the discussions can most satisfactorily be incorporated.

Mr. Calderwood was only one of several resource people assisting in conducting the recent workshop. Virginia Larsen, M.D., Chief of Medical Services at the Fort Steilacoom, Washington, Mental Health Research Institute, was the other out-of-state resource. Teachers and administrators from several Montana High Schools conducting Education for Parenthood programs were also involved as resource people, and assisted the State Board of Health staff in conducting the workshop. Mr. Charles Hood was the course coordinator for the University of Montana and from the SBH staff Miss Frances Davidson, public health nursing consultant, Robert Solomon and Mrs. K. Elizabeth Burrell from the division of health education, assisted in this instructional program.

INFLUENZA VACCINATION RECOMMENDED FOR HIGH-RISK GROUPS

Mary E. Soules, M.D., M.P.H., director of the Board's division of disease control, recommended influenza vaccination after September first for certain high-risk groups. Although the public health service predicts relatively little influenza during the 1966-1967 season, Dr. Soules said as a precautionary measure the chronically ill and persons in older age groups should be protected by immunization. In these groups are persons of all ages who suffer from chronic debilitating diseases, including chronic and cardiovascular, pulmonary, renal or metabolic disorders. Patients residing in nursing homes, chronic disease hospitals, and other such environments should be considered a particular risk since their more crowded living arrangements may allow greater spread of disease once an outbreak has been established. Persons over 45 years of age, and particularly those over 65 are considered to be in the high risk group too, since in major outbreaks increased mortality has been recognized among them.

Dr. Soules said that vaccination should begin as soon as practicable after September first and ideally should be completed by mid-December. It is important that immunization be carried out before influenza occurs in the immediate area since there is a two-week interval before development of antibodies which provide the protection.

Coming Events . . . .

Sept. 8-9—Montana Association for Rehabilitation, Great Falls.

Oct. 17-21—Montana Sanitarians' Conference, Bozeman.

Oct. 21-Nov. 4—American Public Health Association, San Francisco.

Self Support Possible for Many Retardates

This is the second article in a series on "Employment of the Retarded."

In addition to employment opportunities for the retarded in hospitals and other institutions, there are many other possibilities.

Some of the retardates are successful as file clerks, key operators, time keepers, telephone and elevator operators, typists, sales and stock workers, skilled factory workers, and drivers. There is work for them in the building trades, in publishing houses, tailor shops and auto shops. Each person must be evaluated by his unique intellectual assets and liabilities, his emotional characteristics including motivation, interests, drives, and his social status.

There has been considerable success in placing retarded individuals as kitchen workers. Employment in these jobs increased almost 50% between 1950 and 1960. With the expected increase in eating establishments needed to serve a growing population, no doubt there will be expanded employment opportunities for the mildly retarded in jobs such as bus boys, bus girls, and dishwashers.

Jobs as janitors and maids (outside private homes) represent other kinds of service employment in which retarded persons have been successfully employed. These jobs consist of relatively routine tasks which change little from day to day. Employment trends have been rising generally in these occupations also.

Landscaping laborer jobs (yardmen, groundskeepers, nursery) offer good opportunities for the retarded, especially those who prefer outdoor work. The opportunities in these areas of employment have also grown.

Experience has shown that retarded persons can be employed as assemblers of luggage-hardware, electrical motors ,and accessories, and toys and games. These jobs require an ability to compare size and shapes of small object parts. The number of all semi-skilled assemblers increased by more than 60% in the 1950-1960 decade.

Social and Economic Gains

The increased personal dignity and sense of achievement which the retarded individual gains from employment is immeasurable. Gainful employment means a great deal to them as it does to others engaged in productive work and the ability to participate more fully in the life of the community.

The presence of a mentally retarded, wholly dependent person in a family represents a burden in many households. When specialized education and training programs can make this person gainfully employed, the living standard of the family moves upward. In addition, the nation benefits from savings in public and private assistance costs as well as a decrease in delinquency and anti-social behavior which often result from society's indifference to the needs of mentally retarded youth.

Utilizing the potentials of this large number of mentally retarded persons offers a challenge to elementary and secondary school boards and school faculties, vocational rehabilitation agencies, and to communities in providing special education, on-the-job training, sheltered workshop opportunities ,and such other training and job placement programs as is needed.

Driver Improvement Program

John S. Anderson, M.D., M.P.H., executive officer of the SBH has announced that 40 members of the staff headquartered in Helena completed the course in "Driver Improvement." One of these classes was conducted each Monday morning and the other Monday evening, in 2-hour sessions for four consecutive weeks. Instructors are Howard Farley, Coordinator of the Emergency Medical Service Program, Division of Disease Control and Homer Hunt, Building Construction Consultant, Division of Environmental Sanitation.

The classes will be offered again this month for the staff members not able to enroll in either of these classes on-going at the present time, Dr. Anderson said.

This is not a driver training course, but rather a course aimed at driver improvement. Its goal is to promote a positive driving attitude in each participant toward his or her own driving by introducing concepts of good driving habits and by introducing concepts of defensive driving.

Topics covered in the eight hour course include: **Preventable or Not; The Practice of Defensive Driving; How to Avoid a Collision with the Vehicle Behind; How to Avoid a Collision with an Oncoming Vehicle; How to Avoid an Intersection Collision; The Art of Passing and Being Passed; The "Mystery" Crash and How to Avoid Other Common Types of Collisions.**

The course was developed by the National Safety Council and the State Board of Health is one of several State agencies in Montana providing this instruction for staff members. Mr. Farley and Mr. Hunt were given a special instructor's course taught by the Highway Patrol—Driving Training Section—before they began instructing the SBH sponsored classes.

Gov. Babcock Names Interagency Council On Mental Retardation

Governor Tim Babcock has named an interagency council with representation from eight State agencies working in Mental Retardation Programs. The purpose of the Council is to coordinate programs providing services to the mentally retarded.

The State agencies with their representatives on the council are as follows:

Board of Health, Mary E. Soules, M.D., M.P.H., Director Mental Retardation Planning.

Department of Public Institutions, Stephen Chiovaro, Superintendent, Training School and Hospital.

Department of Public Instruction, Mrs. Barbara Longmaid, Executive Assistant, and Paul Babbit, Supervisor of Special Education.

Department of Public Welfare, Joseph H. Roe, Director of Child Welfare.

Division of Vocational Rehabilitation, Roger E. Bauer, Rehabilitation Facilities Specialist.

Unemployment Compensation Commission, Robert Miller, State Supervisor of Employment Counseling.

University System, Edward W. Nelson, Executive Secretary.

Advisors to the Council appointed by the Governor are: Joseph W. Brinkley, M.D., Great Falls; Dr. A. E. Westwell, Helena; Allen P. Hartman, M.D., Billings, and Thomas A. McMaster, Helena.

At the first meeting of the Council, Roger Bauer was elected chairman.

The appointment of this Council fulfills one of the recommendations made by the State Mental Retardation Planning Committee, of which Richard Mattson, Northern Montana College, is chairman.

Staff Changes . . .

Long Time P.H. Staff Members Leave

Dr. Betty Gilson

The State Board of Health has lost two long-time key staff members in the resignation of Betty Gilson, M.D., director of the Heart Diagnostic Center and the retirement of Miss Frances Davidson, maternal and child health nursing consultant.

Dr. Betty Gilson and her husband, John Gilson, M.D., are both leaving Great Falls and are going to Salt Lake City. Dr. Betty will join the staff of the Utah State Health Department and Dr. John will be on the staff of the University of Utah Medical School.

Dr. Betty Gilson has been on the Board's staff since October 1, 1950, where she organized and directed the heart diagnostic center which has provided invaluable services to Montana physicians in aiding them in the care they give their patients with heart disease. Her leaving is a great blow to the State Board of Health, John S. Anderson, M.D., executive officer, said in regretfully accepting her resignation. He said the contributions she has made to Montana have endeared her to many Montanans and the State will be hard put to replace her.

Miss Frances Davidson

Miss Frances Davidson, public health nursing consultant, retired after 14 years on the Board's staff and in addition, to providing consultation to local public health nurses on maternal and child health programs, has provided supervision in many areas of the State. Her efforts in promoting the Education for Parenthood program in Montana will have lasting benefits, Dr. Anderson said. Through in-service training programs under her direction the nursing care of mothers and babies has been improved and her forward looking concept of "optimum" health and the well-being of both mothers and babies has left a continuing impact on those with whom she has worked, Dr. Anderson said in commenting on her achievements in Montana.

Other Staff Changes

Added to the Board's staff are **Miss Inga A. Hoem, Butte, health education consultant** who is working in the disease control programs and has been assigned to the Butte area. Miss Hoem was employed several years ago on the Board's staff and has returned after many years of teaching health in the Butte public high school.

Mr. James G. Going, an audiologist is employed on the Board's Hearing Conservation Program. His headquarters are in Billings and he serves eastern Montana by providing hearing testing, hearing aid evaluations and other services to the hard-of-hearing children and adults. Referrals for audiological services are made by physicians for their patients and serve to provide aid to them in caring for their patients with hearing disorders. Mr. Jesse McGuire, who has been on the staff, with headquarters in Helena, for about two years, provides these services in the western part of the State.

Miss Mary Edna Stevens has been employed to fill a second nursing position in the Medical Facilities Certification Division. She, with Mrs. Jacqueline McKnight, assist hospitals and extended care facilities meet requirements for certification in order that they may participate in medicare. Miss Stevens comes to Montana from San Francisco where she was a head nurse for the last five years at St. Luke's Hospital. She received her nursing education at the University of California at San Francisco.

Mrs. Laura Riley has accepted a position in the tuberculosis project in the Health Department in Butte. Mrs. Riley is experienced in tuberculosis nursing, having served in the program of the Tuberculosis Association in Butte for several years.

NEW FILM ADDED TO SBH LIBRARY

"Things A Teacher Sees" is the title of a new film placed in the Board's Film Library. It illustrates the teacher's contribution to the health and well-being of her pupils, stressing the value of teacher observation for suspecting physical and emotional health problems.

The film emphasizes the importance of good health if the child is to perform well in school. Her role as an observer and as a member of the health team is illustrated.

This film will be of interest to teachers, other school personnel, students in colleges of education, public health personnel and parent groups.

Treasure State Health

Published Monthly by
Montana State Board of Health
CORNER ROBERTS AND LOCKEY
HELENA, MONTANA 59601

THE IMAGE OF PUBLIC HEALTH

(Continued from page 1)

sional advisor for the National Society for the Prevention of Blindness, the increased inquiries coming into my office as to how a glaucoma screening program may be set up indicates that the public health staffs are attempting to develop an awareness as to this necessity, particularly in the rural population of the state.

STATE LIBRARY EXTENSION COMM.
930 EAST LYNDALE
HELENA, MONTANA 59601

SECOND CLASS POSTAGE PAID AT HELENA, MONTANA